Medicaid Managed Care
Proposed Concept Paper

# Behavioral Health and Intellectual/Developmental Disability Tailored Plan

North Carolina Department of Health and Human Services

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# Contents

# I. Introduction

Consistent with clinical evidence and best practices, the Department of Health and Human Services (the Department) will work with the North Carolina General Assembly to create integrated managed care products that cover the full complement of physical, behavioral and pharmacy services for all enrollees. To ensure consumer choice, leverage the experience and commitment of Medicaid providers in North Carolina, and maximize opportunities for innovation, the Department will contract with two types of prepaid health plans (PHPs): commercial plans and provider-led entities. PHPs will be required to meet minimum standards set by the Department, but will also be given sufficient flexibility to innovate to improve quality and efficiency of care. PHPs will be responsible for establishing and maintaining an adequate network of providers to meet the health care needs of their beneficiaries by contracting with a diverse range of providers and establishing provider payment rates, subject to certain rules set by the Department.

The Department will also work with the General Assembly to permit PHPs to develop and offer two types of products: standard plans (SPs) and tailored plans (TPs). The majority of Medicaid and NC Health Choice enrollees, including adults and children with lower intensity behavioral health needs, will receive integrated physical, behavioral and pharmacy services through SPs when managed care launches.[1] Individuals with significant behavioral health (BH) disorders, intellectual and developmental disabilities (I/DD), and traumatic brain injury (TBI) will be enrolled into behavioral health and I/DD tailored plans (BH I/DD TPs), specialized managed care products targeted toward the needs of these populations, by two years after managed care launches. SPs and BH I/DD TPs will be defined as separate products that are subject to separate PHP procurement; this is because each has different rates, benefit packages and eligible enrollees. PHPs will be able to offer either SPs or BH I/DD TPs through a competitive bidding process. If selected, a single carrier may offer an SP and a BH I/DD TP, provided it meets the requirements for both types of plans. The Department is evaluating whether to issue Requests for Proposals for SPs and BH I/DD TPs at the same time in spring 2018.

Since the release of *North Carolina's Proposed Program Design for Medicaid Managed Care*, the Department has received numerous questions and feedback on the design of BH I/DD TPs, including covered benefits, eligible populations, and eligibility and enrollment processes.[2] In light of the Department's commitment to transparency throughout the managed care planning, design and implementation process, the Department is releasing this BH I/DD TP concept paper to provide additional information to interested stakeholders. The BH I/DD TP concept paper was developed using the extensive feedback received from stakeholders on the proposed program design, BH I/DD strategic plan and through statewide listening sessions. The Department welcomes feedback on this concept paper as the approach to policy development for the behavioral health system and tailored plans continues to be refined.

The Department will continue working closely with the General Assembly to design BH I/DD TPs. Outstanding BH I/DD TP key design decisions include, but are not limited to: governance structure, number of regions; and whether to procure a statewide BH I/DD TP.

[1] The Department does not currently have state legislative authority to integrate behavioral health services into the managed care program. Implementation of this integration will be contingent on action by the North Carolina General Assembly.

[2] Department of Health and Human Services, "North Carolina's Proposed Program Design for Medicaid Managed Care," August 2017, Section IV; Proposed Program Design Public Comment Summary – August/September 2017.

This BH I/DD TP concept paper covers the six design areas:

1. Populations eligible for BH I/DD TPs
2. Benefits covered in BH I/DD TPs
3. Enrollment processes before the launch of BH I/DD TPs
4. Enrollment processes after the launch of BH I/DD TPs
5. Mid-coverage year transitions across SPs and BH I/DD TPs
6. Renewal processes

# II. Populations Eligible for BH I/DD TPs

Individuals who meet one of the following criteria have been identified as the target population for initial enrollment in BH I/DD TPs, and will be passively enrolled in BH I/DD TPs (fee-for-service (FFS) / LME-MCOs before BH I/DD TP launch) as described in Section IV:

- Individuals with a qualifying I/DD diagnosis, including those enrolled in or on the waiting list for the Innovations waiver[3]
- Individuals enrolled in the Traumatic Brain Injury (TBI) waiver who are on the waiting list for the TBI waiver or have used a state-funded TBI service
- Individuals enrolled in the Transition to Community Living Initiative (TCLI)
- Individuals with a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) diagnosis who have used a Medicaid-covered enhanced BH service or a state-funded BH service within the past year[4]
- Individuals with a qualifying substance use disorder (SUD) diagnosis who have used a Medicaid covered enhanced BH service or state-funded BH service within the past year.

Other individuals may enroll in BH I/DD TPs through processes described in Sections IV and V, including individuals with an SMI, SED, SUD or TBI diagnosis who:

- Have not used an enhanced BH service, but have self-identified as being potentially eligible and are screened to meet BH I/DD TP level of need;
- Require a service that is available only through a BH I/DD TP; and
- Experience a triggering event and are identified through quarterly claims/encounter data review.[5]

[3] Enrollees on the Innovations waiver waiting list may be using state-funded BH and/or I/DD services and/or 1915(b)(3) services that will only be available through BH I/DD TPs (and through LME-MCOs before BH I/DD TP launch). This decision maintains continuity of care for enrollees, but will need to be closely monitored to ensure it does not become a back door for individuals seeking exemption from enrollment in an SP (before BH /DD TP launch) or enrollment in a BH I/DD TP (on or after BH I/DD TP launch).

[4] The Department classifies a subset of covered BH services, including, but not limited, to mobile crisis management, intensive in-home services, partial hospitalization and outpatient opioid treatment, as enhanced.

The Department continues to develop the claims history lookback.

[5] This pathway is under discussion with the Department.

Enrollment in BH I/DD TPs will not be capped; any individual who meets these criteria may enroll. Based on a review of past data, the Department estimates that about 120,000[6] individuals would meet the criteria for a BH I/DD TP.

Additional detail on eligible diagnoses is found in the Appendix, which lists specific diagnosis codes (ICD-9 and ICD-10) that the Department proposes to include in each category.

# III. Benefits Covered in BH I/DD TPs

The Department proposes that certain benefits under 1) both the SPs and BH I/DD TPs; and 2) only BH I/DD TPs. This modifies the approach detailed in the *Proposed Program Design* [7] based on stakeholder feedback that there should be a meaningful distinction between SP and BH I/DD TP benefit packages to best support enrollees' needs, and to promote BH I/DD TP enrollment among the highest need populations.

## A. BH and I/DD Services Covered by Both SPs and BH I/DD TPs

All plans will cover a comprehensive set of BH services, including inpatient services, outpatient services, crisis services and SUD treatment services, based on the following rationale:

- BH or I/DD services that are commonly used by individuals with mild to moderate BH or I/DD needs, such as outpatient behavioral health services, should be offered in both products to ensure that all Medicaid enrollees have access to these services.
- An individual's need for short-term BH services or crisis services may not be predictable. As a result, these services should be available in both SPs and BH I/DD TPs to ensure that individuals are able to obtain these services in a timely manner.
- Maintenance services that may prevent an individual's BH condition from worsening, such as psychosocial rehabilitation, should be offered in both products.
- To align with North Carolina's opioid strategy, broad access to SUD treatment, withdrawal and detoxification services is crucial. The full continuum of American Society of Addiction Medicine (ASAM) levels of care should be offered in both products, except the most intensive residential treatment services (e.g., substance abuse non-medical community residential treatment and substance abuse medically monitored community residential treatment).[8]

## B. BH and I/DD Services Covered Exclusively by BH I/DD TPs

The proposed services to be covered exclusively by BH I/DD TPs will be targeted toward individuals with significant BH, TBI and I/DD needs. The Department used the following guiding principles to identify qualifying services:

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[6] The 120,000 estimate is based on SFY 2015 data and counts the number of unique individuals meeting the eligibility criteria over the course of the year. The Population Profiles provide an average monthly count of individuals meeting eligibility criteria that is lower than the number of unique individuals during a year. Note that both sets of estimates are based on historical data and exclude the numbers of individuals on an applicable waiver wait list and other individuals who may be eligible by means other than identification through data review.

[7] The Department initially proposed that all State Plan BH benefits would be covered by both the SPs and the BH I/DD TPs, and that only BH I/DD TPs will cover Innovations, TBI and 1915(b)(3) services.

[8] The Department is considering expanding SUD services to include substance abuse halfway house; social setting detoxification services; and clinically managed, population-specific, high-intensity residential services. If the Department adds these services, substance abuse halfway house and social setting detoxification services would be covered by SPs and BH I/DD TPs; clinically managed, population-specific high intensity residential services would be covered only by BH I/DD TPs.

- The Department will ensure that individuals are enrolled in the product best suited to meet their needs. There should be a meaningful distinction between SP and BH I/DD TP benefit packages to promote BH I/DD TP enrollment among the highest need populations that will benefit from enhanced care management.
- BH I/DD TPs will have the expertise to manage and build provider networks for longer-term, costly services used by enrollees with significant BH and I/DD needs, such as community support teams or child and adolescent day treatment.
- The Department anticipates that the most individuals with a first-time need for residential services, such as psychiatric residential treatment facilities (PRTF) or substance abuse non-medical community residential treatment services, will already be enrolled in a BH I/DD TP based on their diagnosis and prior service utilization. As result, it is more efficient to use existing BH I/DD TP provider networks.
- Individuals enrolled in the Innovations or TBI waivers will be required to enroll in BH I/DD TPs to maintain their waiver slots. Therefore, Innovations and TBI waiver services do not need to be offered in SPs.

## C. BH I/DD TP Care Management

The Department proposes requiring BH I/DD TPs to provide face-to-face, community-based care management services. BH I/DD TPs will ultimately be the single point of accountability for all services delivered to their enrollees, including integrated physical health, BH, pharmacy, I/DD services, home- and community-based services, long-term services and supports, and care management. As a result, they will have a financial incentive to ensure that their enrollees' care is well managed across providers and settings. To ensure that care is optimally managed, BH I/DD TPs may be required to designate one care manager to have primary responsibility for care management for one BH I/DD TP enrollee. In the proposed BH I/DD TP care management model, this care manager would be responsible for navigating across care settings, including coordinating with the enrollee's primary care provider/advanced medical home (AMH), a multidisciplinary care team and others who with supporting roles to ensure coordinated care for the enrollee. In addition, the Department will consider opportunities to align financial incentives for AMHs to ensure close coordination with BH I/DD TP care managers, and BH, I/DD and TBI providers. The Department will explore how to best leverage the Substance Abuse and Mental Health Services Administration (SAMHSA) core competencies for integrated BH and primary care as guiding principles for the BH I/DD TP care management model.

The Department is exploring requiring BH I/DD TPs to contract with community-based care management agencies to provide care management services for BH, I/DD and TBI populations to the maximum extent possible. As such, the Department proposes to evaluate capacity and set a target percentage of community-based care management services to be provided by care management agencies. In the proposed model, BH I/DD TPs would be allowed to provide those services in-house when the capacity of community-based care management agencies is a limiting factor. BH I/DD TPs would be expected to stand up a comprehensive care management infrastructure at their launch, and would be required to provide training and technical assistance to ensure services comply with Department standards. In addition, Regional Provider Support Centers[9] may offer training to care managers to ensure that they have sufficient skills to meet the needs of BH I/DD TP enrollees.

[9] Regional Provider Support Center entities will be nonprofit organizations with substantial experience and/or current capabilities in multiple types of practice support. This includes assisting provider practices in meeting different tracks of AMH certification, providing support in reviewing quality reports and enhancing performance in evidence-based practice, and assisting practices in accessing and using data and information systems designed to support their efforts.

Existing North Carolina organizations with complex care management experience could be eligible to contract with BH I/DD TPs to provide care management services. For I/DD or TBI enrollees, these organizations could include home care agencies; for I/DD enrollees, these organizations could also include I/DD agencies. For BH enrollees, organizations could include BH agencies that typically provide a range of basic outpatient and enhanced mental health and substance abuse services in one setting, but currently do not focus on providing complex care management. The Department proposes that organizations that act as care management agencies be subject to standards that incorporate elements of the SAMHSA Certified Community Behavioral Health Clinic (CCBHC) model, especially related to providing Department-defined targeted case management services. In addition, the Department proposes deploying research-based standards for I/DD and TBI care management, leveraging the Department's definition of targeted case management for individuals with I/DDs.

**Table 1. BH, TBI and I/DD Services Covered by SPs and BH I/DD TPs[10,11]**

| BH, TBI and I/DD Services Covered by Both SPs and BH I/DD TPs | BH, I/DD and TBI Services Covered Exclusively by BH I/DD TPs (or LME-MCOs Before Launch) |
|---|---|
| **State Plan BH and I/DD Services**<br>• Inpatient behavioral health services<br>• Outpatient behavioral health emergency room services<br>• Outpatient behavioral health services provided by direct-enrolled providers<br>• Partial hospitalization<br>• Mobile crisis management<br>• Substance abuse intensive outpatient program (SAIOP)<br>• Facility-based crisis services for children and adolescents<br>• Professional treatment services in facility-based crisis program<br>• Psychosocial rehabilitation<br>• Outpatient opioid treatment<br>• Ambulatory detoxification<br>• Non-hospital medical detoxification<br>• Medically supervised or alcohol drug abuse treatment center (ADATC) detoxification crisis stabilization<br>• Substance abuse comprehensive outpatient treatment program (SACOT)<br>• Research-based intensive behavioral health treatment<br>• Diagnostic assessment<br>• Early and Periodic Screening Diagnostic Treatment (EPSDT)[12] | **State Plan BH and I/DD Services**<br>• Residential treatment facility services<br>• Child and adolescent day treatment services<br>• Intensive in-home services<br>• Multi-systemic therapy services<br>• Psychiatric residential treatment facilities (PRTFs)<br>• Assertive community treatment (ACT)<br>• Community support team (CST)<br>• Substance abuse non-medical community residential treatment<br>• Substance abuse medically monitored residential treatment<br>• Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)<br><br>**Waiver Services**<br>• TBI waiver services<br>• Innovations waiver services<br>• 1915(b)(3) services<br><br>**All State-Funded BH and I/DD Services[13]**<br>**State-Funded TBI Services** |

[10] Through its amended 1115 waiver application, the Department will request a comparability waiver to permit SPs and BH I/DD TPs to cover different benefit packages.

[11] To cover the full continuum of American Society of Addiction Medicine (ASAM) levels of care, the Department will recommend adding the following services to its State Plan: substance abuse halfway house (SPs and BH I/DD TPs), social setting detoxification (SPs and BH I/DD TPs), and clinically managed, population-specific high-intensity residential services (BH I/DD TPs only).

[12] A child under age 21 who requires a State Plan BH or I/DD service that is offered only by BH I/DD TPs will be required to enroll in a BH I/DD TP to receive the service.

[13] A full list of State-funded BH and I/DD benefits can be found on the DMH/DD/SAS website.

# IV. Enrollment Processes Before BH I/DD TP Launch

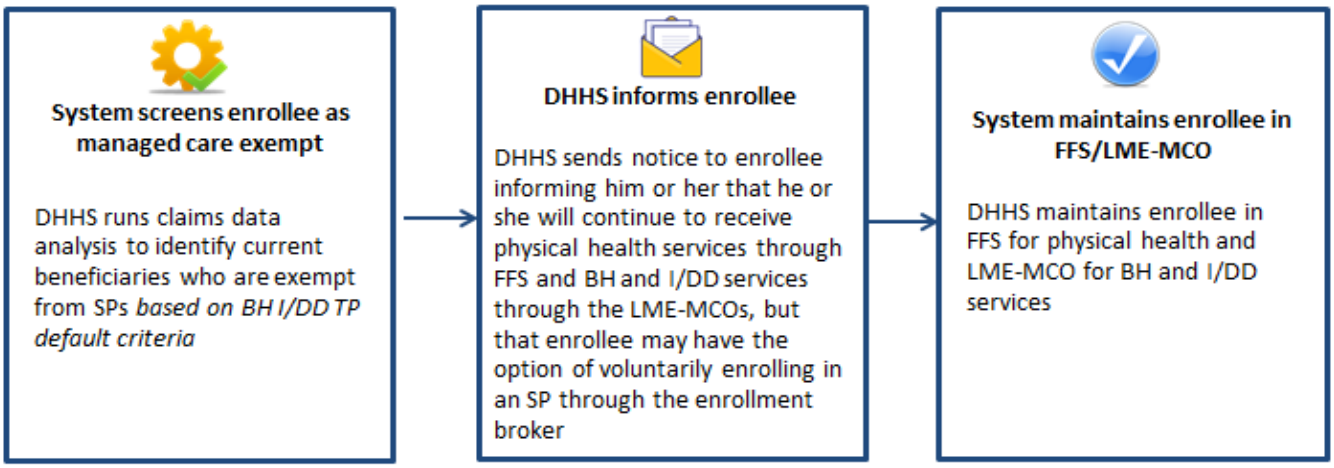
For the transition period when SPs are launched but TPs are not yet up and running, the Department will develop processes to identify individuals who would otherwise be eligible for BH I/DD TPs. These individuals will be exempt from SPs based on meeting BH I/DD TP eligibility target criteria, and continue to receive physical health services through fee-for-service, and receive behavioral health, TBI and I/DD services through LME-MCOs.[14] Individuals who are found exempt from an SP may, however, elect to enroll in an SP.

First, the Department will conduct an encounter and claims data analysis using the last 12 months of available data to identify current Medicaid beneficiaries who meet the SP exemption criteria. Second, the Department will implement processes that allow individuals to transition out of SPs who are not initially identified based on historical data as being exempt from the SPs, but who require a service that is only available through the LME-MCO, or join the Innovations or TBI waivers or waiver waiting lists. The following describes the enrollment processes under those two scenarios.

## A. Transition Period: Individuals Initially Identified as Exempt from SPs

Individuals identified as exempt from SPs, based on historical data, will receive a notice from the Department that they are exempt from SP enrollment and will continue to receive physical health services through fee-for-service and behavioral health services through LME-MCOs. The notice will also cover the option to voluntarily enroll in an SP at any point during their coverage year, and instructions to contact the enrollment broker for choice counseling.

**Figure 1. Transition Period: Process Flow for Current Medicaid Enrollees Identified as SP Exempt**




[14] These populations shall also include fee-for-service populations who are excluded from LME-MCOs such as NC Health Choice and Legal Aliens and will continue to receive BH services through fee for service during the transition period.

### B. Transition Period: Individuals Initially Identified as Exempt from SPs and Who Choose to Voluntarily Enroll in an SP

Individuals exempt from SPs who choose to voluntarily enroll in an SP during the coverage year begin the process by contacting the enrollment broker for choice counseling. The enrollment broker will explain the differences in covered BH and I/DD services between the SPs and LME-MCOs, and that the SP enrollees will not be able to access services covered only by the LME-MCOs. If the individual elects to enroll in an SP, the enrollment broker will transmit the enrollee's plan selection to the Department, which will then process and transmit the enrollment data to the SP. The coverage will be effective on the date received by the SP.

### C. Transition Period: Individuals Not Initially Identified as Exempt from SPs

Individuals not initially identified as exempt from SPs, based on historical data, will be enrolled in SPs and receive integrated physical, pharmacy and BH services. An enrollee may disenroll from an SP and return to fee-for-service/LME-MCOs if that enrollee requires a service that is only available through the LME-MCO (see Table 1). The process to transition from an SP to fee-for-service/LME-MCO is described in in Section VI, Table 2.

## V. Enrollment Processes After BH I/DD TP Launch

For the BH I/DD TP launch, the Department will develop pathways for Medicaid beneficiaries to enroll into BH I/DD TPs under the following scenarios:

- Transitioning enrollees from fee-for-service/LME-MCOs to BH I/DD TPs for those who were previously exempt from SPs during the transition period
- Transitioning SP enrollees identified as eligible for BH I/DD TPs based on claims data review who have the option to transition to BH I/DD TPs
- New Medicaid applicants and SP enrollees who self-identify as eligible for BH I/DD TPs and are screened to meet the BH I/DD TP level of need.

Of note, the Department is currently developing an approach to manage rate setting and risks associated with the ability to transition between SPs and BH I/DD TPs. Rates for all managed care products will reflect the characteristics of the populations they serve.

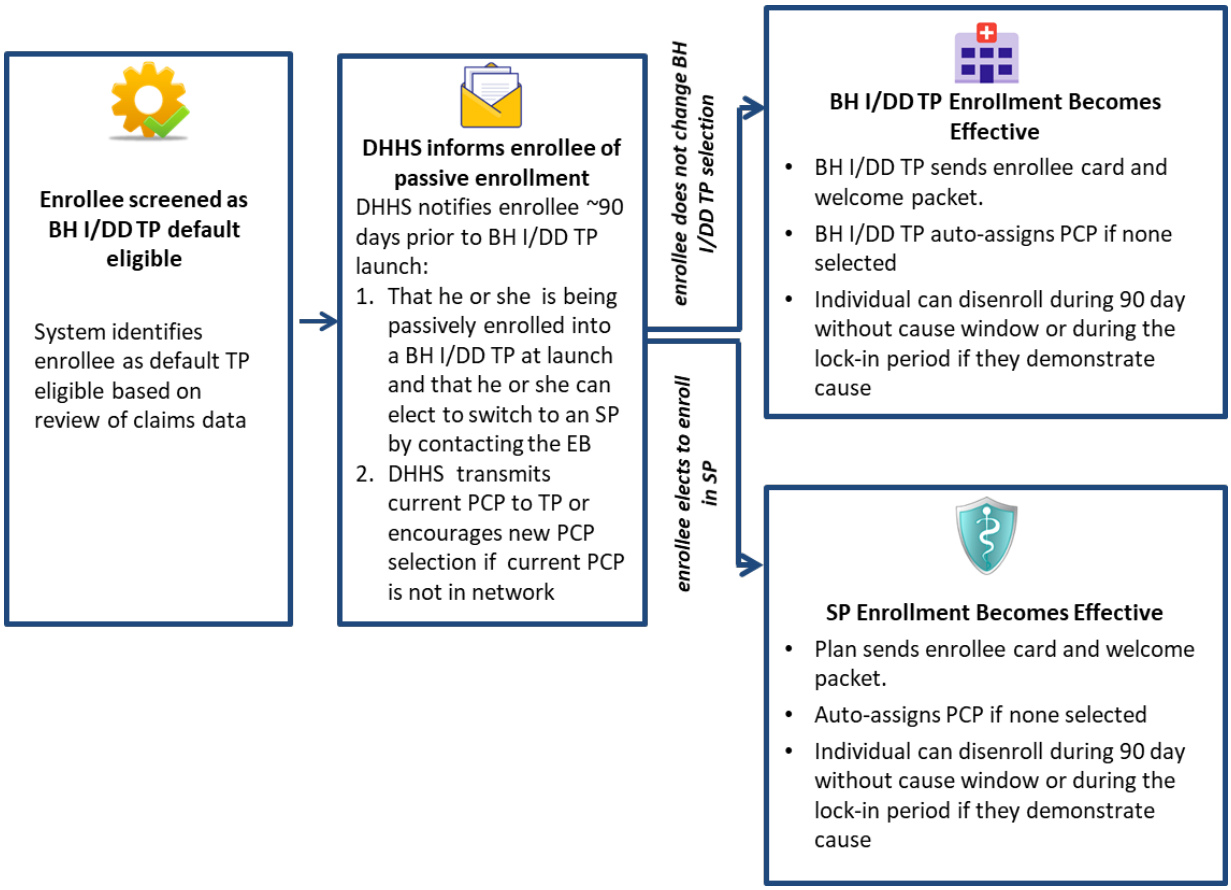
### A. Transition from Fee-for-Service/LME-MCOs to BH I/DD TPs

As we prepare to the launch of BH I/DD TPs, the Department will conduct a claims data analysis using the last 12 months of available data to identify current Medicaid enrollees who meet the default eligibility criteria for BH I/DD TPs (and who have previously been receiving services through fee-for-service/LME-MCOs).[15] The Department will passively assign individuals to the BH I/DD TP in their region.

These individuals will be notified that they have been enrolled in a BH I/DD TP and will be given 90 days to elect to enroll in an SP. Enrollees (see Table 1) may elect to enroll in an SP rather than a BH I/DD TP, but they will not have access to certain services that are only covered by BH I/DD TPs.

[15] Medicaid enrollees with SMI or SUD diagnoses who have previously been receiving services through fee-for-service/LME-MCOs, but who have not used an enhanced service in the past year will be enrolled into SPs.

**Figure 2. Process Flow for Medicaid Enrollees Who Were Previously SP Exempt**




## B. SP Enrollees Identified by Claims Data Review as Eligible for BH I/DD TP

The Department will review claims data history quarterly to identify Medicaid enrollees with service utilization that makes them eligible for BH I/DD TPs.[16] The Department will notify enrollees of their BH I/DD TP eligibility due to claims data review,[17] and of the option to transition from SP to BH I/DD TP. Enrollees will be instructed to contact the enrollment broker to receive choice counseling, which will include learning about the benefits that are unique to BH I/DD TPs, and how to transfer to a BH I/DD TP. Identified enrollees will be flagged in the Department's eligibility system as eligible for BH I/DD TPs and will be able to transition at any point during the coverage year or at renewal without needing to submit additional information. The Department recognizes that this is a crucial business process to ensure appropriate and timely transitions. Stakeholder input is encouraged to ensure streamlined transitions.

## C. New Medicaid Applicants

As part of the application process for new Medicaid enrollees, the Department will establish an enrollment pathway into BH I/DD TPs either through a claims data review or through a self-identification and verification process as described next.

[16] The Department will determine the service usage criteria for flagging BH I/DD TP eligibility.

[17] The quarterly claims lookback period will be 12 months. The Department will only notify enrollees that they are eligible for BH I/DD TPs if they have used new claims within the quarter.

**1. Claims Data Review**

The Department will review claims data history for new Medicaid applicants to identify whether they were previously enrolled in Medicaid and meet BH I/DD TP eligibility criteria or had a history of state-funded BH service utilization within the past year. The Department will passively enroll individuals meeting the criteria into a BH I/DD TP. The enrollees will be notified by the Department of their passive enrollment into a BH I/DD TP and be given 90 days to elect to enroll in an SP.[18]

**2. Self-Identification and Verification Process**

The Department will ensure that Medicaid applicants and SP enrollees are informed of their PHP choices, and understand the eligibility criteria and benefits unique to BH I/DD TPs. The Department will send consumer notices that include information about BH I/DD TPs and encourage applicants to contact the enrollment broker for choice counseling and additional information. The Department will provide training to the enrollment broker to support applicants and enrollees, and deploy targeted training to behavioral health and I/DD providers to ensure they are sufficiently equipped to identify and counsel enrollees who may be eligible for BH I/DD TPs.

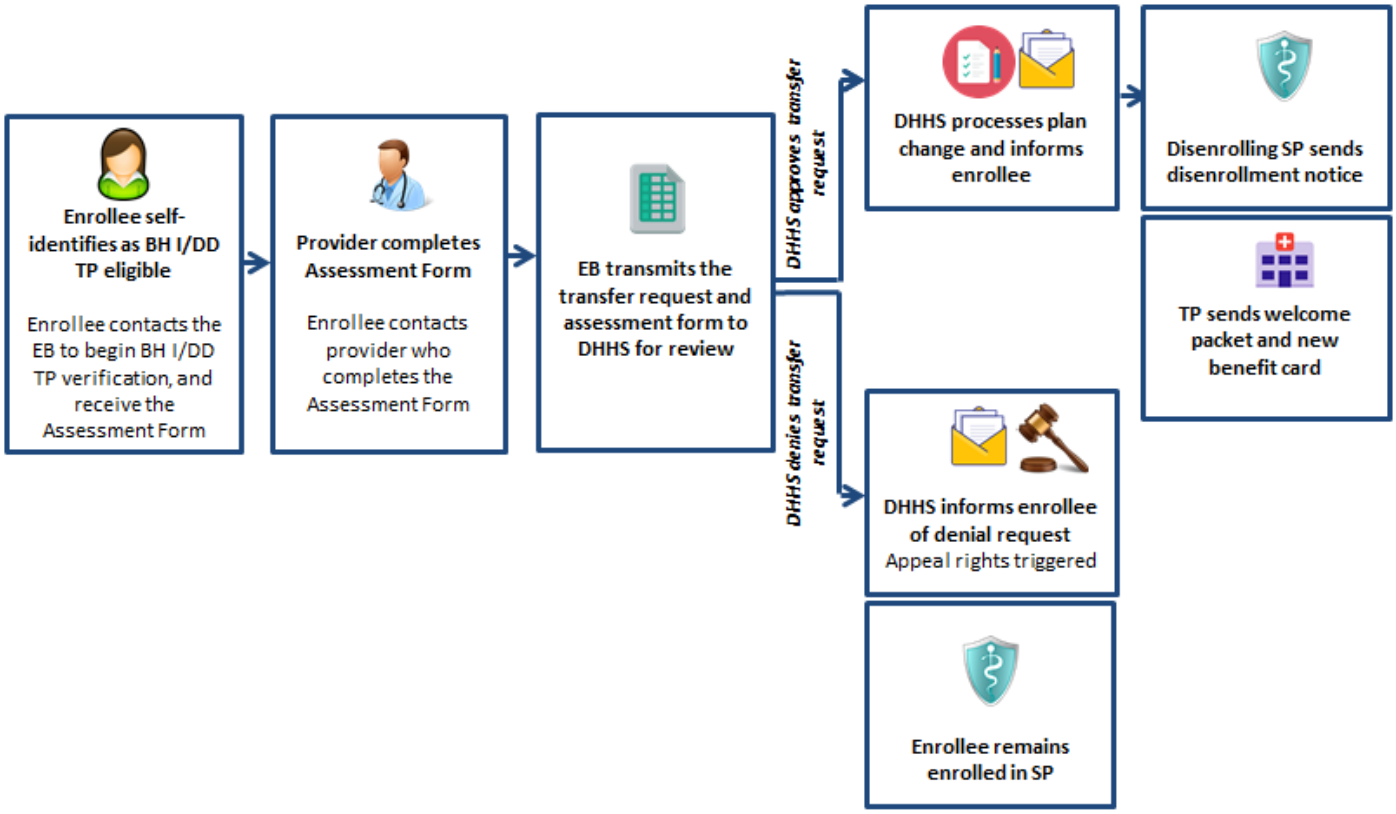
As part of the plan selection supplement to the Medicaid application, individuals will be allowed to self-identify as potentially eligible for a BH I/DD TP online, by paper, by telephone and in-person. Individuals who do not self-identify as part of the application process may do so by contacting the enrollment broker at any point during the coverage year or at renewal.

The Department will establish a verification process for new Medicaid applicants who self-identify as potentially eligible for a BH I/DD TP. The Department will default Medicaid applicants who self-identify as eligible for a BH I/DD TP into SPs until verification is complete; as described below, expedited procedures will be available for those with emergent needs. Upon enrollee contact, the enrollment broker will initiate the eligibility verification process by 1) sending a blank BH I/DD TP Assessment form to individuals who self-identify; and 2) informing them of Medicaid-enrolled BH providers who can complete the assessment.

The BH I/DD TP Assessment form will be a short clinical assessment to determine whether the applicant's health care needs meet BH I/DD TP eligibility criteria (e.g., the individual has a qualifying SMI, SED, SUD, TBI or I/DD). Medicaid-enrolled BH providers will have authority to complete the BH I/DD TP Assessment form. BH providers will be required to complete the Assessment form within five business days of receipt. To ensure program integrity, BH providers will need to disclose any conflict of interest on the BH I/DD TP Assessment form. Applicants, with assistance from their behavioral health providers, will then be responsible for submitting the Assessment form to the enrollment broker who will transmit the paperwork to the Department for review. Upon approval, the Department will process the transfer to transition the individual from the SP to a BH I/DD TP in the individual's region and will notify the individual. To monitor the performance of completing clinicians and the Department's internal reviews, the Department will establish a quality assurance process that will include ad hoc audits.

[18] Individuals who move outside of their region will also be allowed to change PHPs outside of the 90-day period.

**Figure 3. Process Flow for Individuals Who Self-Identify as BH I/DD TP Eligible**




## VI. Mid-Coverage Year Transitions Across SPs and BH I/DD TPs

Beneficiaries will be able to transfer across SPs and BH I/DD TPs during their coverage year using different pathways. The enrollment broker will provide choice counseling to Medicaid enrollees to explain the differences in covered services between SPs and BH I/DD TPs, and assist in the transfer process. The enrollment broker will receive the transfer request from the Medicaid enrollee, but the Department will have final decision-making authority.

The Department recognizes the importance of ensuring that enrollees who require the BH I/DD TP level of need or covered service are transitioned as quickly and smoothly as possible. The Department also understands the importance of establishing guardrails for the transition process so that enrollees are placed in the plan that is best suited to meet their needs and to avoid disruptions in care. As a result, the Department is considering establishing a special disenrollment review unit that will manage transitions from SPs to BH I/DD TPs. The Department will establish standard and expedited review timelines and criteria for mid-coverage year PHP transitions:

- **Standard**. The Department will review, and approve or deny PHP transfer requests within seven calendar days of receipt of the enrollee request to the enrollment broker.
- **Expedited.** The Department will review, and approve or deny an expedited PHP transfer for urgent medical needs within three calendar days from the date the assessment is received from the enrollee to the enrollment broker. Requests for urgent medical need will be defined as a case where continued enrollment in the PHP could jeopardize the enrollee's life; physical or mental health; or ability to attain, maintain or regain maximum function.

For all transfer requests, the Department will transmit the disenrollment approval to the SP, BH I/DD TP and the enrollee. Both the SP and BH I/DD TP will process all approved disenrollment and enrollments on the same day as received. Additionally, The SP's care managers will serve as the single point of contact and accountability during the transfer to ensure a smooth transition for enrollees. The Department will need to monitor transfer requests to guard against a financial incentive for the SP to push the enrollee to the TP (e.g., in cases where the SP and BH I/DD TPs are operated by the same parent company).

The various pathways and processes for Medicaid enrollees to transition across SPs and BH I/DD TPs mid-coverage year are described in Table 2.

**Table 2. Mid-Coverage Year Transfer Pathways and Proposed Processes**

| Mid-Coverage Year Transition Pathways and Proposed Processes | |
|---|---|
| **Pathway** | **Proposed Process** |
| **SP-Enrollee Needs a Service Available Only in the BH I/DD TP (or LME-MCOs Before Launch)** | |
| 1a. An SP enrollee requires a State Plan, 1915(b)(3) or state-funded service that is available only through the BH I/DD TP | • Enrollee[19] receives a provider referral for a BH service. The enrollee's referring provider or care manager may explain to the enrollee that this service is not covered by the SP and that it is necessary to transfer to a BH I/DD TP (or LME-MCO before BH I/DD TP launch) to receive the service. Alternatively, the enrollee may also contact the SP or enrollment broker to determine whether the BH service is covered.<br>• If the service is not covered by the SP, the enrollee will contact the enrollment broker to begin the transfer process. The enrollee will need a provider referral to verify the need for the service and submit that referral to the enrollment broker. The referral will indicate whether there is an urgent medical need to process the transfer in under three business days.<br>• The enrollment broker will send the request and documentation to the Department for review and determination.<br>• The Department will make the determination, effectuate the transfer and notify the enrollee.<br>• The disenrolling SP will process the disenrollment on the day received and alerts the care management team of the transfer.<br>• The receiving BH I/DD TP will process the new enrollment the same day as received.[20]<br>• **For urgent medical need:** The receiving BH I/DD TP (or LME-MCO before BH I/DD TP launch) completes the medical necessary review for the referred service for the enrollee within three business days of the transfer request. The BH I/DD TP will be required to report medical necessity reviews to the Department. |
| 1b. SP enrollee joins the Innovations or TBI waiver | • The BH I/DD TP (or LME-MCO before BH I/DD TP launch) will contact the enrollee and enrollment broker to inform the enrollee that a waiver slot is available.[21]<br>• Following a waiver eligibility determination, the BH I/DD TP (LME-MCO before BH I/DD TP launch) will inform the enrollee and enrollment broker that it is necessary to disenroll from the SP to join the waiver.<br>• The enrollment broker will contact the enrollee to begin the transfer to receive the waiver services.<br>• The enrollee will confirm the request with the enrollment broker to accomplish the transfer.<br>• The enrollment broker will transmit the transfer request to the Department |

[19] An authorized representative will be permitted to contact the enrollment broker and effectuate the transfer on behalf of enrollees.

[20] The Department will determine how to resolve payment and financial responsibility for services received between SPs and BH I/DD TPs following a mid-month transition.

[21] The BH I/DD TP will be responsible for managing these waiver slots.

| Mid-Coverage Year Transition Pathways and Proposed Processes | |
|---|---|
| **Pathway** | **Proposed Process** |
| | • The Department will approve the disenrollment, accomplish the transfer and notify the enrollee. |
| 1c. An SP enrollee joins the Innovations or TBI waiver waiting lists | • The enrollee will join the Innovations or TBI waiver waiting list through the regional BH I/DD TP (LME-MCO before BH I/DD TP launch).<br>• The BH I/DD TP (LME-MCO before BH I/DD TP launch) will inform the SP enrollees that they can transfer to the BH I/DD TP and notify the enrollment broker.[22]<br>• If the SP enrollees elect to disenroll from the SP, they will contact the enrollment broker to initiate the transfer and provide verification from the BH I/DD TP (LME-MCO before BH I/DD TP launch) that they are on the waiting list.<br>• The enrollment broker will transmit the transfer request to the Department.<br>• The Department will approve the disenrollment, accomplish the transfer and notify the consumer. |
| **SP-Enrollee Self-Identifies as Eligible for BH I/DD TP** | |
| 2. An SP enrollee self-identifies as BH I/DD TP eligible (e.g., the enrollee has a qualifying SMI, SED, SUD, or I/DD that makes them potentially eligible) | • Enrollee will contact the enrollment broker to initiate the transfer and the enrollment broker will send the enrollee a BH I/DD TP Assessment form (this is the same form and process that will be used when applying forMedicaid).<br>• The BH I/DD TP Assessment form is a short clinical assessment used to determine whether the applicant meets BH I/DD eligibility criteria (e.g., the individual has a qualifying SMI, SED, SUD or I/DD and meets the level need/needs an enhanced service).<br>• Any Medicaid-enrolled BH provider can complete the BH I/DD TP Assessment form.<br>• Enrollees will then be responsible for submitting the Assessment form to the enrollment broker.<br>• The enrollment broker will transmit information to the Department, which will review the paperwork and make the determination to transition the enrollee from SP to BH I/DD TP in the enrollee's region, if appropriate.<br>• Enrollees may seek to transition at any point during the coverage year. |
| **SP-Enrollee Identified Through Claims Data as BH I/DD TP Eligible** | |
| 3. An SP enrollee is identified through claims data review as BH I/DD TP eligible | • The Department will conduct a quarterly claims data review to identify enrollees with service utilization that indicates BH I/DD TP eligibility.<br>• The Department will flag individuals as eligible for BH I/DD TP within the eligibility system, and notify enrollees of their BH I/DD TP eligibility and option to transfer at any point during the coverage year or at renewal.<br>• Enrollees will be instructed to contact the enrollment broker to initiate the transfer.<br>• The enrollment broker will transmit the transfer request to the Department.<br>• The Department will effectuate the transfer and notify the enrollees. |
| **BH I/DD TP-Enrollee Wants to Enroll in the SP after 90-day Change Period** | |
| 4. A BH I/DD TP enrollee wants to enroll in an SP | • Enrollees may transition from BH I/DD TPs to SPs during the coverage year with cause.[23] |

[22] Id.

[23] Medicaid enrollees except for children in foster care and individuals receiving long-term services and supports will be locked-into their plan for the coverage year and will only be able to disenroll for cause. For cause reasons include: An enrollee moves out of the plan's service area; a plan does not cover a service the enrollee seeks because of the plan's moral or religious objection; enrollee needs concurrent, related services that are not all available within the PHP's network and provider determines receiving services separately would subject enrollee to unnecessary risk; an LTSS enrollee would be required to change a residential, institutional or employment supports provider based on a change in status from in- to out-of-network; and beneficiary's complex medical conditions would be better served under different PHP. "Complex medical conditions" will be defined by the conditions that qualify for an expedited appeal; e.g., family member becomes newly eligible and is enrolled in a different PHP; poor performance of PHP, upon launch of evaluations of PHP performance; "other reasons," including poor quality of care, lack of access to covered services, lack of access to providers experienced with meeting specific need, to be determined on a case-by-case basis.

| Mid-Coverage Year Transition Pathways and Proposed Processes | |
|---|---|
| **Pathway** | **Proposed Process** |
| | • The enrollee notifies enrollment broker and enrollment broker transmits request to the Department.<br>• The Department reviews, makes determination, accomplishes the transfer and notifies the enrollee.<br>• Disenrolling BH I/DD TP processes disenrollment request on date received.<br>• SP processes enrollment to be effective on date received. |

# VII. Renewal

During renewal, the Department will maintain enrollees in their current SP or BH I/DD TP, and notify the enrollees of the option to switch within 90 days, without cause. Individuals who want to move from BH I/DD TP to SP will be allowed to do so by contacting the enrollment broker. SP enrollees who have been flagged as eligible for BH I/DD TP based on a quarterly claims data review will be notified at renewal of the option to enroll in a BH I/DD TP. SP enrollees who want to move from SP to BH I/DD TP will need to submit a BH I/DD TP Assessment form if they were not identified as eligible for BH I/DD TP based on claims data review.

# Appendix: BH I/DD TP Eligible Diagnoses

## Population Grouping Logic

The Department has contracted with Mercer to summarize the claims and member months by population grouping. To define the population groups, Mercer leveraged program aid code information, 5-character eligibility code information and Dual and Medically Needy status from the Department's eligibility system. The sections below provide detail regarding the eligibility fields used to define the various population groups. Cost and utilization associated with Tribal members have not been separately identified or excluded for purposes of these data summaries.

Note that individuals may be categorized into multiple population groups if they switched eligibility categories during the year. Claims and eligibility data for a given month were summarized into a population group based on the earliest record in that month. The populations listed below are mutually exclusive such that costs and utilization were not categorized under more than one population grouping per month.

## BH I/DD TP (Medicaid-only and Dual Eligible)

The data were further segmented for individuals eligible to participate in a BH I/DD TP as currently proposed by the Department. The criteria used to summarize individuals in the BH I/DD TP are outlined below. To qualify under a clinical category, the beneficiary needed to meet the criteria only once during a state fiscal year (July 1 through June 30). Based on previous discussions with the Department, the Community Alternatives Program for Children (CAP/C), Community Alternatives Program for Disabled Adults (CAP/DA), Nursing Facility Level of Care (NFLOC) and Foster Children population groups have not been included in the BH I/DD TP summaries.

The clinical condition criteria are applied as a hierarchy such that individuals only fall within one of the clinical condition categories each year. The following populations are proposed to default into the BH I/DD TP.

1. **I/DD Default** — This group will be defaulted into the BH I/DD TP; specifically, members were assigned if they met at least one of the following critieria:
    a. Innovations — Special Coverage Code of CM, C2 or IN (Innovations eligibility indicators).
    b. Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IID) — Fee-for-service (FFS) data claim type Q (Mental Health) and FFS category of service (COS) 0021 (LTC-ICF MRC, SO) or 0047 (LTC-ICF MRC, NSO). Encounter data claim experience with revenue codes 100 (room and board, all-inclusive plus ancillary) or 183 (therapeutic leave) used by the Local Management Entity/Managed Care Organizations (LME/MCOs) to reimburse for ICF/IID services.
    c. B3 — One or more claims falling under the B3 COS.
    d. Diagnosis — List of I/DD diagnosis codes (all diagnosis positions) supplied by the Department.
    e. Transition to Community Living Initiative (TCLI) — Beneficiaries who were included on the TCLI roster provided by the Department.
2. **Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) Beneficiaries with Enhanced BH Utilization** — This group will be defaulted into the BH I/DD TP; members need to have accessed an enhanced BH service and were identified based on a list of diagnosis codes (primary diagnosis position) supplied by the Department. SMI is defined as being for individuals ages 18+, while SED is defined as being for individuals ages 0 to 17.99.

3. **Substance Use Disorder (SUD) Beneficiaries with Enhanced BH Utilization** — This group will be defaulted into the BH I/DD TP; members need to have accessed an enhanced BH service and were identified based on a list of diagnosis codes (primary diagnosis position) supplied by the Department along with individuals with a qualifying SUD drug claim.

Note that information for these population was summarized by child (<20.9999) and adult (21+). The Department also intends to include Medicaid eligible individuals on the Innovations wait list and those in the TBI waiver in BH I/DD TPs; however, these individuals are not included as part of this population.

The following tables present an overview of the BH I/DD diagnosis criteria for the following default groups based on condition:

- Intellectual/Developmental Disability (I/DD)
- Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED)
- Substance Use Disorder (SUD)

**I/DD DEFAULT DIAGNOSIS**

**ICD-9 Codes**

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| 270.10 | Classical phenylketonuria | 343.10 | Spastic hemiplegic cerebral palsy |
| 277.50 | Hurler's syndrome | 343.20 | Moderate intellectual disabilities |
| 279.11 | Di George's syndrome | 343.40 | Spastic hemiplegic cerebral palsy |
| 299.01 | Autistic disorder | 359.00 | Congenital myopathies |
| 299.10 | Other childhood disintegrative disorder | 740.00 | Anencephaly |
| 299.80 | Asperger's syndrome | 741.00 | Unspecified spina bifida with hydrocephalus |
| 299.81 | Other pervasive developmental disorders | 741.90 | Sacral spina bifida without hydrocephalus |
| 299.90 | Pervasive developmental disorder, unspecified | 742.10 | Microcephaly |
| 299.91 | Pervasive developmental disorder, unspecified | 742.30 | Malformations of aqueduct of Sylvius |
| 315.80 | Other disorders of psychological development | 758.00 | Down syndrome, unspecified |
| 315.90 | Unspecified disorder of psychological development | 758.10 | Trisomy 13, unspecified |
| 317.00 | Mild intellectual disabilities | 758.20 | Trisomy 18, unspecified |
| 318.00 | Moderate intellectual disabilities | 758.31 | Deletion of short arm of chromosome 5 |
| 318.10 | Severe intellectual disabilities | 758.70 | Klinefelter syndrome, unspecified |
| 318.20 | Profound intellectual disabilities | 759.50 | Tuberous sclerosis |
| 319.00 | Unspecified intellectual disabilities | 759.81 | Congenital malform syndromes predom assoc w short stature |
| 330.00 | Krabbe disease | 759.83 | Fragile X chromosome |
| 330.10 | Tay-Sachs disease | 759.89 | Barth syndrome |
| 330.80 | Alpers disease | 760.71 | Newborn affected by maternal use of alcohol |
| 343.00 | Spastic diplegic cerebral palsy | | |

**ICD-10 Codes**

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| D82.10 | Di George's syndrome | F84.90 | Pervasive Developmental Disorder, Unspecified |
| E70.00 | Classical phenylketonuria | F88.00 | Other disorders of psychological development |
| E75.02 | Tay-Sachs disease | F89.00 | unspecified disorder of psychological development |
| E75.19 | Other Gangliosidosis | G31.81 | Alpers disease |
| E75.23 | Krabbe disease | G31.82 | Leigh's Disease |
| E75.25 | Metachromatic Leukodystrophy | G80.20 | Spastic Hemiplegic Cerebral Palsy |
| E75.29 | Other Sphingolipidosis | Q00.00 | Anencephaly |
| E75.40 | Neuronal ceroid lipofuscinosis | Q02.00 | Microcephaly |
| E76.01 | Hurler's syndrome | Q03.00 | Malformations of aqueduct of Sylvius |
| E76.10 | Mucopolysaccharidosis, type II | Q03.10 | Atresia Of Foramina Of Magendie And Luschka |
| E76.22 | Sanfilippo Mucopolysaccharidoses | Q03.80 | Other congenital hydrocephalus |
| E76.29 | Other Mucopolysaccharidoses | Q05.40 | Unspecified Spina Bifida With Hydrocephalus |
| E76.30 | Mucopolysaccharidosis, unspecified | Q05.80 | Sacral spina bifida without hydrocephalus |
| E77.10 | Defects In Glycoprotein Degradation | Q07.02 | Arnold-Chiari Syndrome with Hydrocephalus |
| E78.71 | Barth syndrome | Q07.03 | Arnold-Chiari Syndrome With Spina Bifida And Hydrocephalus |
| E78.72 | Smith-Lemli-Opitz Syndrome | Q85.10 | Tuberous sclerosis |
| F70.00 | Mild intellectual disabilities | Q86.00 | Fetal Alcohol Syndrome |
| F71.00 | Moderate intellectual disabilities | Q87.10 | Congenital Malformation Syndromes with short stature |
| F72.00 | Severe intellectual disabilities | Q87.20 | Congenital Malformation Syndromes |
| F73.00 | Profound intellectual disabilities | Q87.89 | Congenital Malformation Syndromes |
| F78.00 | Other intellectual disabilities | Q90.90 | Down Syndrome, Unspecified |
| F79.00 | Unspecified intellectual disabilities | Q91.30 | Trisomy 18, unspecified |
| F84.00 | Autistic Disorder | Q91.70 | Trisomy 13, unspecified |
| F84.20 | Rett's Syndrome | Q93.40 | Deletion of short arm of chromosome 5 |
| F84.30 | Other childhood disintegrative disorder | Q98.40 | Klinefelter syndrome, unspecified |
| F84.50 | Asperger's Syndrome | Q99.20 | Fragile X Chromosome |
| F84.80 | Other Pervasive Developmental Disorders | | |

**SED DIAGNOSIS (AGES 0-17.99)**

**ICD-9 Codes**

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| 295.00 | Other schizophrenia | 296.41 | Bipolar disord, crnt episode manic w/o psych features, mild |
| 295.01 | Other schizophrenia | 296.42 | Bipolar disord, crnt episode manic w/o psych features, mod |
| 295.02 | Other schizophrenia | 296.43 | Bipolar disord, crnt epsd manic w/o psych features, severe |
| 295.03 | Other schizophrenia | 296.44 | Bipolar disord, crnt episode manic severe w psych features |
| 295.04 | Other schizophrenia | 296.45 | Bipolar disord, in partial remis, most recent episode manic |
| 295.05 | Other schizophrenia | 296.46 | Bipolar disorder, in full remis, most recent episode manic |
| 295.10 | Disorganized schizophrenia | 296.50 | Bipolar disord, crnt epsd depress, mild or mod severt, unsp |
| 295.11 | Disorganized schizophrenia | 296.51 | Bipolar disorder, current episode depressed, mild |
| 295.12 | Disorganized schizophrenia | 296.52 | Bipolar disorder, current episode depressed, moderate |
| 295.13 | Disorganized schizophrenia | 296.53 | Bipolar disord, crnt epsd depress, sev, w/o psych features |
| 295.14 | Disorganized schizophrenia | 296.54 | Bipolar disord, crnt epsd depress, severe, w psych features |
| 295.15 | Disorganized schizophrenia | 296.55 | Bipolar disord, in partial remis, most recent epsd depress |
| 295.20 | Catatonic schizophrenia | 296.56 | Bipolar disorder, in full remis, most recent episode depress |
| 295.21 | Catatonic schizophrenia | 296.60 | Bipolar disorder, current episode mixed, unspecified |
| 295.22 | Catatonic schizophrenia | 296.61 | Bipolar disorder, current episode mixed, mild |
| 295.23 | Catatonic schizophrenia | 296.62 | Bipolar disorder, current episode mixed, moderate |
| 295.24 | Catatonic schizophrenia | 296.63 | Bipolar disord, crnt epsd mixed, severe, w/o psych features |
| 295.25 | Catatonic schizophrenia | 296.64 | Bipolar disord, crnt episode mixed, severe, w psych features |
| 295.30 | Paranoid schizophrenia | 296.65 | Bipolar disord, in partial remis, most recent episode mixed |
| 295.31 | Paranoid schizophrenia | 296.66 | Bipolar disorder, in full remis, most recent episode mixed |
| 295.32 | Paranoid schizophrenia | 296.70 | Bipolar disorder, unspecified |
| 295.33 | Paranoid schizophrenia | 296.80 | Bipolar disorder, unspecified |
| 295.34 | Paranoid schizophrenia | 296.81 | Other manic episodes |
| 295.35 | Paranoid schizophrenia | 296.82 | Other depressive episodes |
| 295.40 | Schizophreniform disorder | 296.89 | Bipolar II disorder |

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| 295.41 | Schizophreniform disorder | 296.90 | Unspecified mood [affective] disorder |
| 295.42 | Schizophreniform disorder | 296.99 | Other persistent mood [affective] disorders |
| 295.43 | Schizophreniform disorder | 297.00 | Delusional disorders |
| 295.44 | Schizophreniform disorder | 297.10 | Delusional disorders |
| 295.45 | Schizophreniform disorder | 297.20 | Delusional disorders |
| 295.50 | Other schizophrenia | 297.30 | Shared psychotic disorder |
| 295.51 | Other schizophrenia | 297.80 | Delusional disorders |
| 295.52 | Other schizophrenia | 297.90 | Brief psychotic disorder |
| 295.53 | Other schizophrenia | 298.00 | Major depressv disord, single epsd, severe w psych features |
| 295.54 | Other schizophrenia | 298.10 | Oth psych disorder not due to a sub or known physiol cond |
| 295.55 | Other schizophrenia | 298.20 | Other dissociative and conversion disorders |
| 295.60 | Residual schizophrenia | 298.30 | Brief psychotic disorder |
| 295.61 | Residual schizophrenia | 298.40 | Brief psychotic disorder |
| 295.62 | Residual schizophrenia | 298.80 | Brief psychotic disorder |
| 295.63 | Residual schizophrenia | 298.90 | Unsp psychosis not due to a substance or known physiol cond |
| 295.64 | Residual schizophrenia | 299.00 | Autistic disorder |
| 295.65 | Residual schizophrenia | 299.01 | Autistic disorder |
| 295.70 | Schizoaffective disorder, unspecified | 299.80 | Asperger's syndrome |
| 295.71 | Schizoaffective disorder, unspecified | 300.00 | Anxiety disorder, unspecified |
| 295.72 | Schizoaffective disorder, unspecified | 300.01 | Panic disorder without agoraphobia |
| 295.73 | Schizoaffective disorder, unspecified | 300.02 | Generalized anxiety disorder |
| 295.74 | Schizoaffective disorder, unspecified | 300.20 | Phobic anxiety disorder, unspecified |
| 295.75 | Schizoaffective disorder, unspecified | 300.21 | Agoraphobia with panic disorder |
| 295.80 | Other schizophrenia | 300.22 | Agoraphobia without panic disorder |
| 295.81 | Other schizophrenia | 300.23 | Social phobia, unspecified |
| 295.82 | Other schizophrenia | 300.29 | Other animal type phobia |
| 295.83 | Other schizophrenia | 300.30 | Obsessive-compulsive disorder |
| 295.84 | Other schizophrenia | 300.40 | Dysthymic disorder |
| 295.85 | Other schizophrenia | 301.12 | Dysthymic disorder |
| 295.90 | Schizophrenia, unspecified | 307.10 | Anorexia nervosa, unspecified |
| 295.91 | Schizophrenia, unspecified | 307.50 | Eating disorder, unspecified |
| 295.92 | Schizophrenia, unspecified | 307.51 | Bulimia nervosa |
| 295.93 | Schizophrenia, unspecified | 307.59 | Other eating disorders |
| 295.94 | Schizophrenia, unspecified | 309.81 | Post-traumatic stress disorder, unspecified |
| 295.95 | Schizophrenia, unspecified | 311.00 | Major depressive disorder, single episode, unspecified |

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| 296.00 | Manic episode without psychotic symptoms, unspecified | 312.00 | Conduct disorder, childhood-onset type |
| 296.01 | Manic episode without psychotic symptoms, mild | 312.01 | Conduct disorder, childhood-onset type |
| 296.02 | Manic episode without psychotic symptoms, moderate | 312.02 | Conduct disorder, childhood-onset type |
| 296.03 | Manic episode, severe, without psychotic symptoms | 312.03 | Conduct disorder, childhood-onset type |
| 296.04 | Manic episode, severe with psychotic symptoms | 312.10 | Other conduct disorders |
| 296.05 | Manic episode in partial remission | 312.11 | Other conduct disorders |
| 296.06 | Manic episode in full remission | 312.12 | Other conduct disorders |
| 296.10 | Manic episode without psychotic symptoms, unspecified | 312.13 | Other conduct disorders |
| 296.11 | Manic episode without psychotic symptoms, mild | 312.20 | Conduct disorder, adolescent-onset type |
| 296.12 | Manic episode without psychotic symptoms, moderate | 312.21 | Conduct disorder, adolescent-onset type |
| 296.13 | Manic episode, severe, without psychotic symptoms | 312.22 | Conduct disorder, adolescent-onset type |
| 296.14 | Manic episode, severe with psychotic symptoms | 312.23 | Conduct disorder, adolescent-onset type |
| 296.15 | Manic episode in partial remission | 312.30 | Impulse disorder, unspecified |
| 296.16 | Manic episode in full remission | 312.33 | Pyromania |
| 296.20 | Major depressive disorder, single episode, unspecified | 312.34 | Intermittent explosive disorder |
| 296.21 | Major depressive disorder, single episode, mild | 312.39 | Trichotillomania |
| 296.22 | Major depressive disorder, single episode, moderate | 312.40 | Other conduct disorders |
| 296.23 | Major depressv disord, single epsd, sev w/o psych features | 312.81 | Conduct disorder, childhood-onset type |
| 296.24 | Major depressv disord, single epsd, severe w psych features | 312.82 | Conduct disorder, adolescent-onset type |
| 296.25 | Major depressv disorder, single episode, in partial remis | 312.89 | Other conduct disorders |
| 296.26 | Major depressive disorder, single episode, in full remission | 313.00 | Other childhood emotional disorders |
| 296.30 | Major depressive disorder, recurrent, unspecified | 313.81 | Oppositional defiant disorder |
| 296.31 | Major depressive disorder, recurrent, mild | 313.89 | Other childhood emotional disorders |
| 296.32 | Major depressive disorder, recurrent, moderate | 314.00 | Attn-defct hyperactivity disorder, predom inattentive type |

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| 296.33 | Major depressv disorder, recurrent severe w/o psych features | 314.01 | Attn-defct hyperactivity disorder, predom hyperactive type |
| 296.34 | Major depressv disorder, recurrent, severe w psych symptoms | 314.10 | Attention-deficit hyperactivity disorder, other type |
| 296.35 | Major depressive disorder, recurrent, in partial remission | 314.20 | Attention-deficit hyperactivity disorder, other type |
| 296.36 | Major depressive disorder, recurrent, in full remission | 314.80 | Attention-deficit hyperactivity disorder, other type |
| 296.40 | Bipolar disord, crnt episode manic w/o psych features, unsp | 314.90 | Attention-deficit hyperactivity disorder, unspecified type |

**ICD-10 Codes**

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| F06.30 | Mood disorder due to known physiological condition, unsp | F32.20 | Major depressv disord, single epsd, sev w/o psych features |
| F06.31 | Mood disorder due to known physiol cond w depressv features | F32.30 | Major depressv disord, single epsd, severe w psych features |
| F06.32 | Mood disord d/t physiol cond w major depressive-like epsd | F32.40 | Major depressv disorder, single episode, in partial remis |
| F06.80 | Oth mental disorders due to known physiological condition | F32.50 | Major depressive disorder, single episode, in full remission |
| F09.00 | Unsp mental disorder due to known physiological condition | F32.80 | Other depressive episodes |
| F20.00 | Paranoid schizophrenia | F32.90 | Major depressive disorder, single episode, unspecified |
| F20.10 | Disorganized schizophrenia | F33.00 | Major depressive disorder, recurrent, mild |
| F20.20 | Catatonic schizophrenia | F33.10 | Major depressive disorder, recurrent, moderate |
| F20.30 | Undifferentiated schizophrenia | F33.20 | Major depressv disorder, recurrent severe w/o psych features |
| F20.50 | Residual schizophrenia | F33.30 | Major depressv disorder, recurrent, severe w psych symptoms |
| F20.81 | Schizophreniform disorder | F33.40 | Major depressive disorder, recurrent, in remission, unsp |
| F20.89 | Other schizophrenia | F33.41 | Major depressive disorder, recurrent, in partial remission |
| F20.90 | Schizophrenia, unspecified | F33.42 | Major depressive disorder, recurrent, in full remission |
| F22.00 | Delusional disorders | F33.80 | Other recurrent depressive disorders |
| F23.00 | Brief psychotic disorder | F33.90 | Major depressive disorder, recurrent, unspecified |
| F24.00 | Shared psychotic disorder | F34.10 | Dysthymic disorder |
| F25.00 | Schizoaffective disorder, bipolar type | F34.80 | Other persistent mood [affective] disorders |
| F25.10 | Schizoaffective disorder, depressive type | F34.90 | Persistent mood [affective] disorder, unspecified |
| F25.80 | Other schizoaffective disorders | F39.00 | Unspecified mood [affective] disorder |
| F25.90 | Schizoaffective disorder, unspecified | F40.00 | Agoraphobia, unspecified |

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| F28.00 | Oth psych disorder not due to a sub or known physiol cond | F40.01 | Agoraphobia with panic disorder |
| F29.00 | Unsp psychosis not due to a substance or known physiol cond | F40.02 | Agoraphobia without panic disorder |
| F30.10 | Manic episode without psychotic symptoms, unspecified | F40.10 | Social phobia, unspecified |
| F30.11 | Manic episode without psychotic symptoms, mild | F40.11 | Social phobia, generalized |
| F30.12 | Manic episode without psychotic symptoms, moderate | F40.80 | Other phobic anxiety disorders |
| F30.13 | Manic episode, severe, without psychotic symptoms | F41.00 | Panic disorder without agoraphobia |
| F30.20 | Manic episode, severe with psychotic symptoms | F41.10 | Generalized anxiety disorder |
| F30.30 | Manic episode in partial remission | F41.30 | Other mixed anxiety disorders |
| F30.40 | Manic episode in full remission | F41.80 | Other specified anxiety disorders |
| F30.80 | Other manic episodes | F41.90 | Anxiety disorder, unspecified |
| F30.90 | Manic episode, unspecified | F42.00 | Obsessive-compulsive disorder |
| F31.00 | Bipolar disorder, current episode hypomanic | F43.10 | Post-traumatic stress disorder, unspecified |
| F31.10 | Bipolar disord, crnt episode manic w/o psych features, unsp | F43.12 | Post-traumatic stress disorder, chronic |
| F31.11 | Bipolar disord, crnt episode manic w/o psych features, mild | F44.89 | Other dissociative and conversion disorders |
| F31.12 | Bipolar disord, crnt episode manic w/o psych features, mod | F50.00 | Anorexia nervosa, unspecified |
| F31.13 | Bipolar disord, crnt epsd manic w/o psych features, severe | F50.01 | Anorexia nervosa, restricting type |
| F31.20 | Bipolar disord, crnt episode manic severe w psych features | F50.02 | Anorexia nervosa, binge eating/purging type |
| F31.30 | Bipolar disord, crnt epsd depress, mild or mod severt, unsp | F50.20 | Bulimia nervosa |
| F31.31 | Bipolar disorder, current episode depressed, mild | F50.80 | Other eating disorders |
| F31.32 | Bipolar disorder, current episode depressed, moderate | F50.90 | Eating disorder, unspecified |
| F31.40 | Bipolar disord, crnt epsd depress, sev, w/o psych features | F63.10 | Pyromania |
| F31.50 | Bipolar disord, crnt epsd depress, severe, w psych features | F63.30 | Trichotillomania |
| F31.60 | Bipolar disorder, current episode mixed, unspecified | F63.81 | Intermittent explosive disorder |
| F31.61 | Bipolar disorder, current episode mixed, mild | F63.89 | Other impulse disorders |

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| F31.62 | Bipolar disorder, current episode mixed, moderate | F84.00 | Autistic disorder |
| F31.63 | Bipolar disord, crnt epsd mixed, severe, w/o psych features | F84.50 | Asperger's syndrome |
| F31.64 | Bipolar disord, crnt episode mixed, severe, w psych features | F90.00 | Attn-defct hyperactivity disorder, predom inattentive type |
| F31.70 | Bipolar disord, currently in remis, most recent episode unsp | F90.10 | Attn-defct hyperactivity disorder, predom hyperactive type |
| F31.71 | Bipolar disord, in partial remis, most recent epsd hypomanic | F90.20 | Attention-deficit hyperactivity disorder, combined type |
| F31.72 | Bipolar disord, in full remis, most recent episode hypomanic | F90.80 | Attention-deficit hyperactivity disorder, other type |
| F31.73 | Bipolar disord, in partial remis, most recent episode manic | F90.90 | Attention-deficit hyperactivity disorder, unspecified type |
| F31.74 | Bipolar disorder, in full remis, most recent episode manic | F91.00 | Conduct disorder confined to family context |
| F31.75 | Bipolar disord, in partial remis, most recent epsd depress | F91.10 | Conduct disorder, childhood-onset type |
| F31.76 | Bipolar disorder, in full remis, most recent episode depress | F91.20 | Conduct disorder, adolescent-onset type |
| F31.77 | Bipolar disord, in partial remis, most recent episode mixed | F91.30 | Oppositional defiant disorder |
| F31.78 | Bipolar disorder, in full remis, most recent episode mixed | F91.80 | Other conduct disorders |
| F31.81 | Bipolar II disorder | F91.90 | Conduct disorder, unspecified |
| F31.89 | Other bipolar disorder | F94.10 | Reactive attachment disorder of childhood |
| F31.90 | Bipolar disorder, unspecified | F94.20 | Disinhibited attachment disorder of childhood |
| F32.00 | Major depressive disorder, single episode, mild | F98.80 | Oth behav/emotn disord w onset usly occur in chldhd and adol |
| F32.10 | Major depressive disorder, single episode, moderate | F99.00 | Mental disorder, not otherwise specified |

**SMI DIAGNOSIS (AGES 18+)**

**ICD-9 Codes**

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| 295.40 | Schizophreniform disorder | 296.50 | Bipolar disord, crnt epsd depress, mild or mod severt, unsp |
| 295.70 | Schizoaffective disorder, unspecified | 296.51 | Bipolar disorder, current episode depressed, mild |
| 295.90 | Schizophrenia, unspecified | 296.52 | Bipolar disorder, current episode depressed, moderate |
| 296.20 | Major depressive disorder, single episode, unspecified | 296.53 | Bipolar disord, crnt epsd depress, sev, w/o psych features |
| 296.21 | Major depressive disorder, single episode, mild | 296.54 | Bipolar disord, crnt epsd depress, severe, w psych features |

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| 296.22 | Major depressive disorder, single episode, moderate | 296.55 | Bipolar disord, in partial remis, most recent epsd depress |
| 296.23 | Major depressv disord, single epsd, sev w/o psych features | 296.70 | Bipolar disorder, unspecified |
| 296.24 | Major depressv disord, single epsd, severe w psych features | 296.80 | Bipolar disorder, unspecified |
| 296.25 | Major depressv disorder, single episode, in partial remis | 296.89 | Bipolar II disorder |
| 296.30 | Major depressive disorder, recurrent, unspecified | 298.90 | Unsp psychosis not due to a substance or known physiol cond |
| 296.31 | Major depressive disorder, recurrent, mild | 300.01 | Panic disorder without agoraphobia |
| 296.32 | Major depressive disorder, recurrent, moderate | 300.02 | Generalized anxiety disorder |
| 296.33 | Major depressv disorder, recurrent severe w/o psych features | 300.12 | Dissociative amnesia |
| 296.34 | Major depressv disorder, recurrent, severe w psych symptoms | 300.13 | Dissociative fugue |
| 296.35 | Major depressive disorder, recurrent, in partial remission | 300.14 | Dissociative identity disorder |
| 296.40 | Bipolar disord, crnt episode manic w/o psych features, unsp | 300.15 | Dissociative and conversion disorder, unspecified |
| 296.41 | Bipolar disord, crnt episode manic w/o psych features, mild | 300.22 | Agoraphobia without panic disorder |
| 296.42 | Bipolar disord, crnt episode manic w/o psych features, mod | 300.30 | Obsessive-compulsive disorder |
| 296.43 | Bipolar disord, crnt epsd manic w/o psych features, severe | 301.22 | Schizotypal disorder |
| 296.44 | Bipolar disord, crnt episode manic severe w psych features | 309.81 | Post-traumatic stress disorder, unspecified |
| 296.45 | Bipolar disord, in partial remis, most recent episode manic | | |

**ICD-10 Codes**

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| F20.81 | Schizophreniform disorder | F32.10 | Major depressive disorder, single episode, moderate |
| F20.90 | Schizophrenia, unspecified | F32.20 | Major depressv disord, single epsd, sev w/o psych features |
| F21.00 | Schizotypal disorder | F32.30 | Major depressv disord, single epsd, severe w psych features |
| F25.00 | Schizoaffective disorder, bipolar type | F32.40 | Major depressv disorder, single episode, in partial remis |
| F25.10 | Schizoaffective disorder, depressive type | F32.90 | Major depressive disorder, single episode, unspecified |

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| F29.00 | Unsp psychosis not due to a substance or known physiol cond | F33.00 | Major depressive disorder, recurrent, mild |
| F31.00 | Bipolar disorder, current episode hypomanic | F33.10 | Major depressive disorder, recurrent, moderate |
| F31.11 | Bipolar disord, crnt episode manic w/o psych features, mild | F33.20 | Major depressv disorder, recurrent severe w/o psych features |
| F31.12 | Bipolar disord, crnt episode manic w/o psych features, mod | F33.30 | Major depressv disorder, recurrent, severe w psych symptoms |
| F31.13 | Bipolar disord, crnt epsd manic w/o psych features, severe | F33.41 | Major depressive disorder, recurrent, in partial remission |
| F31.20 | Bipolar disord, crnt episode manic severe w psych features | F33.90 | Major depressive disorder, recurrent, unspecified |
| F31.31 | Bipolar disorder, current episode depressed, mild | F40.00 | Agoraphobia, unspecified |
| F31.32 | Bipolar disorder, current episode depressed, moderate | F41.00 | Panic disorder without agoraphobia |
| F31.40 | Bipolar disord, crnt epsd depress, sev, w/o psych features | F41.10 | Generalized anxiety disorder |
| F31.50 | Bipolar disord, crnt epsd depress, severe, w psych features | F42.00 | Obsessive-compulsive disorder |
| F31.73 | Bipolar disord, in partial remis, most recent episode manic | F43.10 | Post-traumatic stress disorder, unspecified |
| F31.75 | Bipolar disord, in partial remis, most recent epsd depress | F44.00 | Dissociative amnesia |
| F31.81 | Bipolar II disorder | F44.10 | Dissociative fugue |
| F31.89 | Other bipolar disorder | F44.81 | Dissociative identity disorder |
| F31.90 | Bipolar disorder, unspecified | F44.89 | Other dissociative and conversion disorders |
| F32.00 | Major depressive disorder, single episode, mild | F44.90 | Dissociative and conversion disorder, unspecified |

**SUD NON-SEVERE DIAGNOSIS CODE LIST**

**ICD-9 Codes**

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| 291.00 | Alcohol dependence with withdrawal delirium | 305.40 | Sedative, hypnotic or anxiolytic abuse, uncomplicated |
| 291.81 | Alcohol dependence with withdrawal, unspecified | 305.50 | Opioid abuse, uncomplicated |
| 292.00 | Other psychoactive substance use, unsp with withdrawal, unsp | 305.60 | Cocaine abuse, uncomplicated |
| 305.00 | Alcohol abuse, uncomplicated | 305.70 | Other stimulant abuse, uncomplicated |
| 305.20 | Cannabis abuse, uncomplicated | 305.90 | Inhalant abuse, uncomplicated |
| 305.30 | Hallucinogen abuse, uncomplicated | | |

**ICD-10 Codes**

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| F10.10 | Alcohol abuse, uncomplicated | F13.10 | Sedative, hypnotic or anxiolytic abuse, uncomplicated |
| F10.121 | Alcohol abuse with intoxication delirium | F13.231 | Sedatv/hyp/anxiolytc dependence w withdrawal delirium |
| F10.221 | Alcohol dependence with intoxication delirium | F13.232 | Sedatv/hyp/anxiolytc depend w w/drawal w perceptual disturb |
| F10.231 | Alcohol dependence with withdrawal delirium | F13.239 | Sedatv/hyp/anxiolytc dependence w withdrawal, unsp |
| F10.232 | Alcohol dependence w withdrawal with perceptual disturbance | F14.10 | Cocaine abuse, uncomplicated |
| F10.239 | Alcohol dependence with withdrawal, unspecified | F14.23 | Cocaine dependence with withdrawal |
| F10.921 | Alcohol use, unspecified with intoxication delirium | F15.10 | Other stimulant abuse, uncomplicated |
| F11.10 | Opioid abuse, uncomplicated | F15.23 | Other stimulant dependence with withdrawal |
| F11.120 | Opioid abuse with intoxication, uncomplicated | F15.929 | Other stimulant use, unsp with intoxication, unspecified |
| F11.129 | Opioid abuse with intoxication, unspecified | F15.93 | Other stimulant use, unspecified with withdrawal |
| F11.23 | Opioid dependence with withdrawal | F16.10 | Hallucinogen abuse, uncomplicated |
| F11.90 | Opioid use, unspecified, uncomplicated | F17.203 | Nicotine dependence unspecified, with withdrawal |
| F11.93 | Opioid use, unspecified with withdrawal | F18.10 | Inhalant abuse, uncomplicated |
| F12.10 | Cannabis abuse, uncomplicated | F19.10 | Other psychoactive substance abuse, uncomplicated |
| F12.288 | Cannabis dependence with other cannabis-induced disorder | F19.231 | Oth psychoactive substance dependence w withdrawal delirium |
| F12.90 | Cannabis use, unspecified, uncomplicated | F19.239 | Oth psychoactive substance dependence with withdrawal, unsp |

**SUD NON-SEVERE DIAGNOSIS CODE LIST**

**ICD-9 Codes**

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| 303.9 | Alcohol dependence, uncomplicated | 304.4 | Other stimulant dependence, uncomplicated |
| 304.0 | Opioid dependence, uncomplicated | 304.5 | Hallucinogen dependence, uncomplicated |
| 304.1 | Sedative, hypnotic or anxiolytic dependence, uncomplicated | 304.6 | Other psychoactive substance dependence, uncomplicated |
| 304.2 | Cocaine dependence, uncomplicated | 304.8 | Other psychoactive substance dependence, uncomplicated |
| 304.3 | Cannabis dependence, uncomplicated | | |

**ICD-10 Codes**

| CODE | DESCRIPTION | CODE | DESCRIPTION |
|---|---|---|---|
| F10.20 | Alcohol dependence, uncomplicated | F19.220 | Oth psychoactive substance dependence w intoxication, uncomp |
| F11.20 | Opioid dependence, uncomplicated | F19.24 | Oth psychoactive substance dependence w mood disorder |
| F12.20 | Cannabis dependence, uncomplicated | F19.259 | Oth psychoactv substance depend w psychotic disorder, unsp |
| F13.20 | Sedative, hypnotic or anxiolytic dependence, uncomplicated | F19.26 | Oth psychoactv substance depend w persist amnestic disorder |
| F14.20 | Cocaine dependence, uncomplicated | F19.280 | Oth psychoactive substance dependence w anxiety disorder |
| F15.20 | Other stimulant dependence, uncomplicated | F19.281 | Oth psychoactive substance dependence w sexual dysfunction |
| F16.20 | Hallucinogen dependence, uncomplicated | F19.282 | Oth psychoactive substance dependence w sleep disorder |
| F18.20 | Inhalant dependence, uncomplicated | F19.288 | Oth psychoactive substance dependence w oth disorder |
| F19.20 | Other psychoactive substance dependence, uncomplicated | F19.29 | Oth psychoactive substance dependence w unsp disorder |
| F19.21 | Other psychoactive substance dependence, in remission | | |